

Iowa's Application to the Edward Byrne Memorial Justice Assistance Grant (JAG) Program

FFY 2014

CFDA 16.738

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Acknowledgments

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Implementation/Time Task Plan

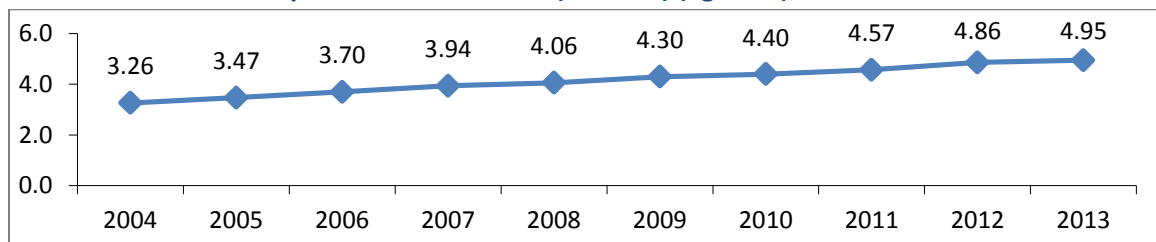
	14	15				16				17			
	June - Nov	Feb-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec
Application and receipt of federal Byrne-JAG funding	X	X	X	X									
Sub-grantees invited to make application for competitive grant process		X				X				X			
Competitive grant applications reviewed and funding decisions made			X				X				X		
Successful applicants notified. Sub grant contracts executed			X				X				X		
Beginning of sub grantee contract period. <i>Sub-grant contracts cover state fiscal year (July-June)</i>			X				X				X		
Grant funded program activities				X	X	X	X	X	X	X	X		
Quarterly financial reporting			X	X	X	X	X	X	X	X	X	X	X
Quarterly program reporting and assessment of program activities				X	X	X	X	X	X	X	X	X	
Sub-grantee final reporting and closeout								X				X	
Final reporting and grant closeout – federal grant													X

Data and Analysis of Need

Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the [Behavioral Risk Factor Surveillance System](#) compiled by the federal [Centers for Disease Control and Prevention](#) indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker. In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, are presented below.

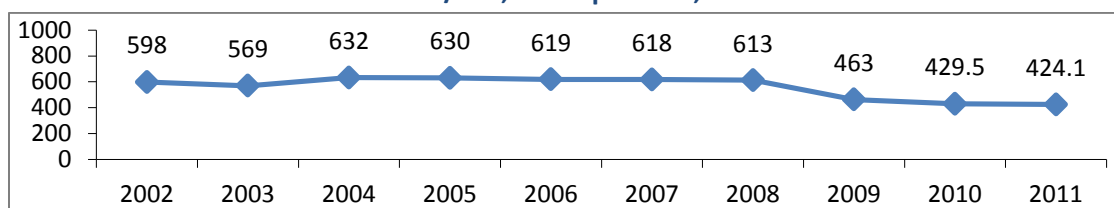
Distilled Spirits Sales in Gallons (Millions) (age 21+), SFY 2004 – 2013



Source: [Iowa Department of Commerce, Alcoholic Beverages Division](#)

This figure displays data compiled by the Iowa Department of Commerce, [Alcoholic Beverages Division](#), reporting the sale of millions of gallons of distilled spirits within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. Alcohol consumption has steadily increased 52% over the past ten years reaching its current high of 4.95 million gallons in FY 2013. According to the Alcoholic Beverages Division, this translates to the average Iowan, over the age of 21, consuming a total of 2.27 gallons of distilled spirits in one year, in addition to 2.03 gallons of wine and 33.56 gallons of beer.

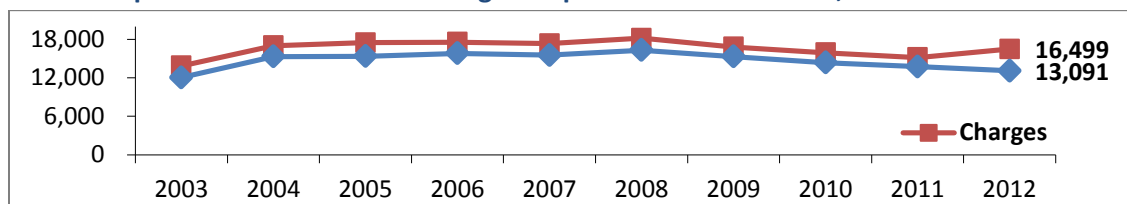
OWI Arrest Rate/100,000 Population, CY 2002 – 2011



Source: [Iowa Department of Public Safety](#)

More arrests are made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate had remained consistently high for over 15 years but has declined the past three years.

Reported Number of OWI Charges Disposed and Convictions, CY 2003 – 2012

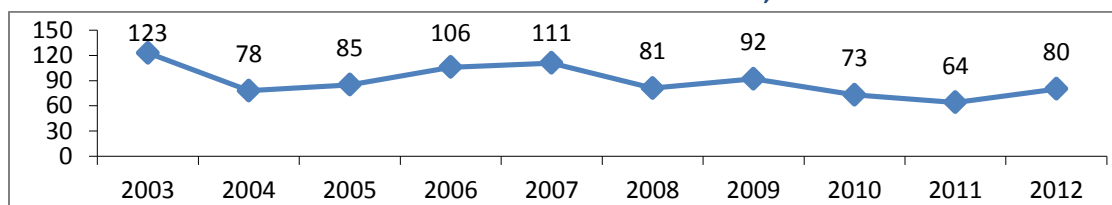


Source: [Division of Criminal and Juvenile Justice Planning](#)

*Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.

Clerk of Court data compiled by the [Division of Criminal and Juvenile Justice Planning \(CJJP\)](#) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts.

Alcohol-Related Motor Vehicle Fatalities in Iowa, CY 2003 – 2012



Source: [Iowa Department of Public Safety](#)

Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, [Governor's Traffic Safety Bureau \(GTSB\)](#), have varied. However, in 2012, 21.9% of all Iowa fatalities were alcohol-related.

Primary Substance of Abuse for Clients Screened/Admitted to Treatment, SFY 2013

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	903 (21.7%)	25,194 (53.7%)	51.2%
Marijuana	2,878 (69.3%)	10,779 (23.0%)	26.7%
Methamphetamine	110 (2.6%)	6,545 (14%)	13.1%
Cocaine/Crack	8 (0.2%)	969 (2.1%)	1.9%
Inhalants	14 (0.3%)	33 (0.1%)	0.1%
Other Opiates/Synthetics	39 (0.9%)	2,044 (4.4%)	4.1%
Other/Unknown	202 (5%)	1,327 (2.7%)	2.9%
Total	4,154	46,891	100%

Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment, SFY 1992 - 2013

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	58.6%	25.0%	8.8%	2.9%	0.7%	4.0%	44,904
2011	55.2%	25.7%	9.6%	1.9%	0.9%	6.7%	47,974
2012	49.9%	26.3%	10.5%	2.3%	0.9%	10.1%	50,870
2013	51.2%	26.7%	13.1%	1.9%	1.2%	5.9%	51,045

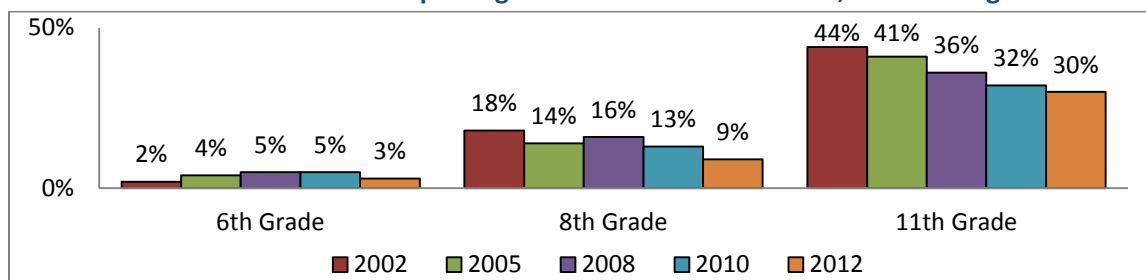
**In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.*

Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

According to the I-SMART substance abuse data system, the number of clients screened/admitted for substance abuse treatment remains high. IDPH reported 51,045 clients screened/admitted in FY 2013, the highest number of clients ever admitted. The percent of clients with a primary substance of alcohol remained just over 51% in 2013, while the percent of marijuana clients reached an all-time high of 26.7%. Meth admissions are back on the rise, up to 13.1%. Crack/cocaine admissions we down a bit to 1.9%, while heroin admissions reached an all-time high of 1.2%. The “other or unknown” category of admissions, which includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, dropped to 5.9%.

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains over 50%. In FY 2013, 25,194 adults and 903 juveniles were screened and/or admitted to treatment with a primary substance of abuse of alcohol.

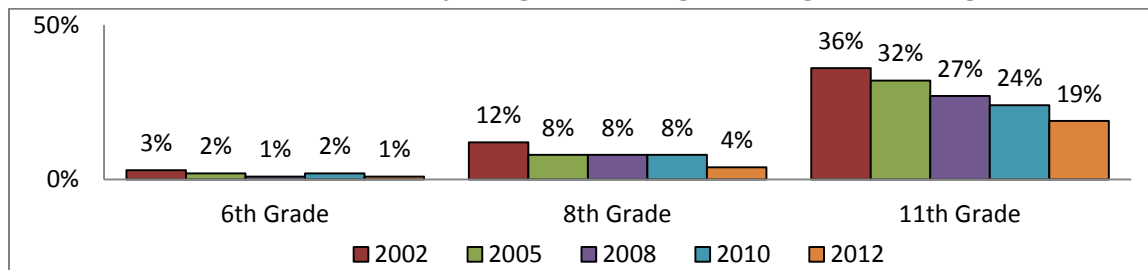
Percent of Students Self-Reporting the Current Use of Alcohol, 2002 through 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2012 nearly one third (30%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

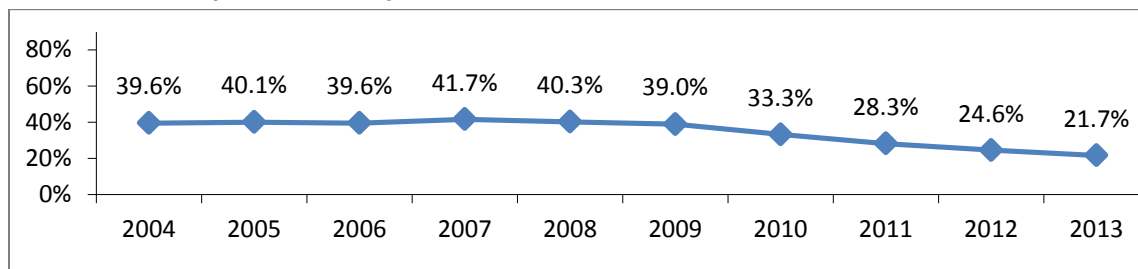
Percent of Students Self-Reporting Current Binge Drinking, 2002 through 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Current (past 30 days) binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 as reported in the Iowa Youth Survey has decreased since 1999. However, the IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data show that youth screens/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse is at 21.7% of the total.

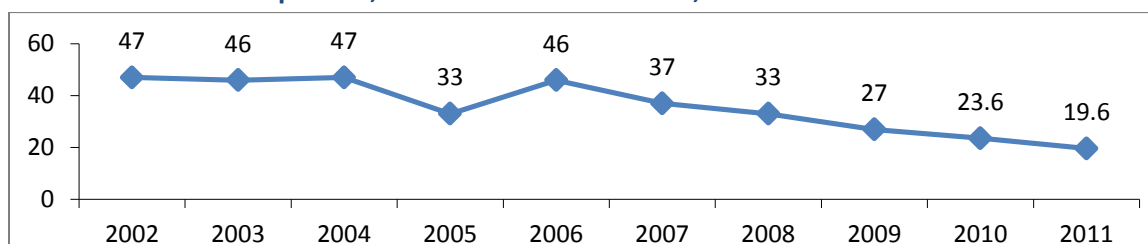
Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 2004 – 2013



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

For the seventeen-year reporting period, juvenile OWI arrest rates per 100,000 in population have varied. Reports show a recent steady decline, to a low of 19.6.

Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 2002 – 2011



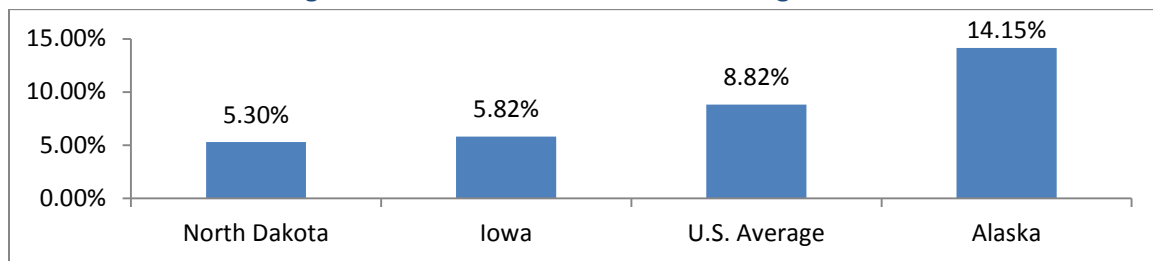
Source: [Iowa Department of Public Safety](#)

Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

Illegal Drug Use in Iowa – General Indicators of the Trends in Drug Abuse

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly change these figures. According to the most recent National Survey on Drug Use and Health, Iowa has the third lowest rate of illicit drug use in the past month.

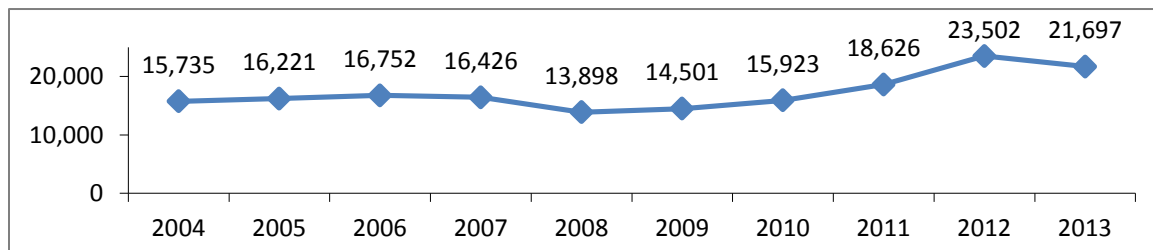
Illicit Drug Use in the Past Month – Lowest to Highest in the U.S.



Source: [2009-2010 National Survey on Drug Use and Health](#)

One indicator of illegal drug use in Iowa is the number of adults seeking substance abuse treatment for a primary substance of abuse other than alcohol. This number has generally risen.

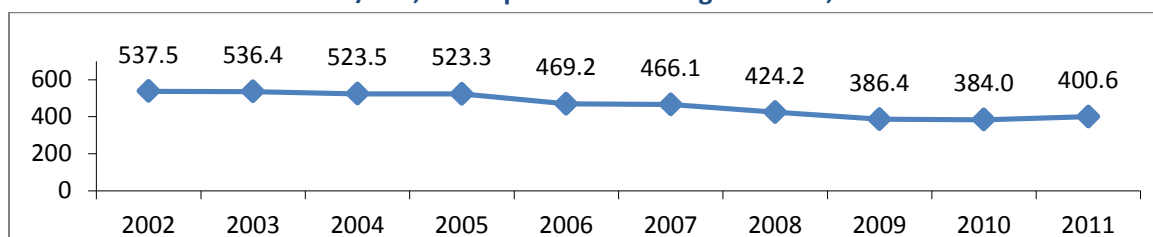
Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 2004 - 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

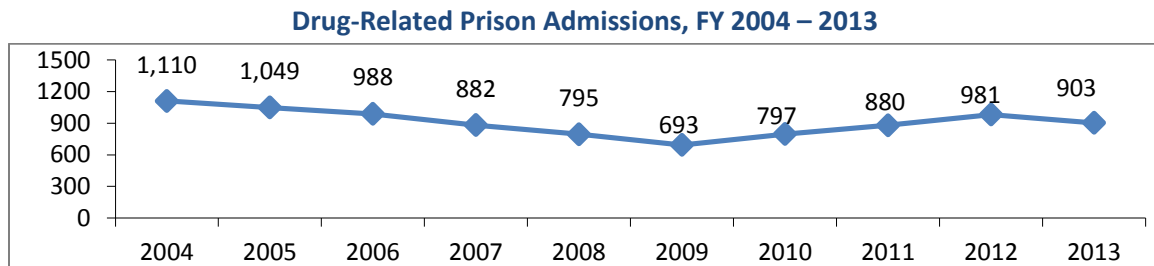
Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 in population for drug related offenses.

Adult Arrest Rate/100,000 Population for Drug Offenses, CY 2002 – 2011



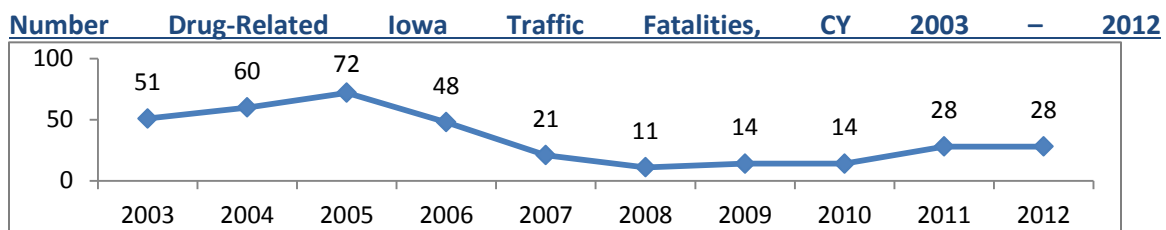
Source: [Iowa Department of Public Safety](#)

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug abuse levels. In 2005, a drop in meth lab incidents helped reduce drug related prison admissions. However drug-related prison admissions had begun to rise until last year, due in part to the increased availability of meth trafficked into the state. This figure shows the offenders admitted to prison with a drug offense as their lead charge.



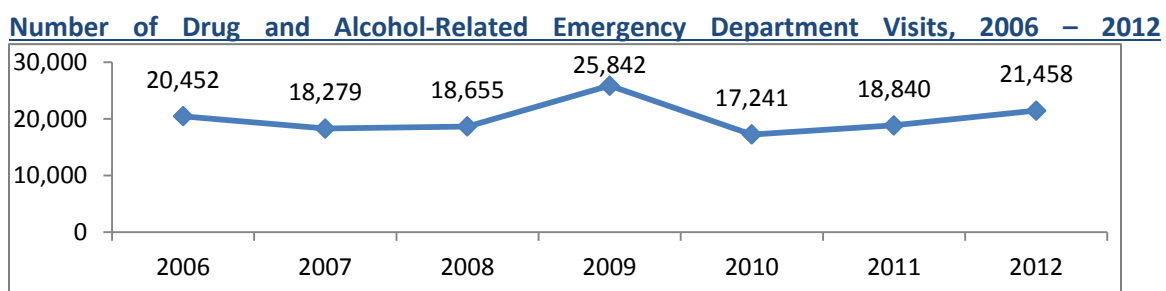
Source: [Criminal and Juvenile Justice Planning](#)

Nearly 8% of all Iowa traffic fatalities last year were drug-related fatalities. In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse.



Source: CY 2002-2012 [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Hospital emergency department visits related to alcohol and drug use are very high. The numbers represent substance abuse as both a primary reason for the visit, as well as a contributing factor to many visits.



Source: [Iowa Department of Public Health](#)

In 2013, the Department of Corrections provided substance abuse treatment to only 50.2% of the addicted custodial inmates and 46.9% of the addicted offenders in community corrections.

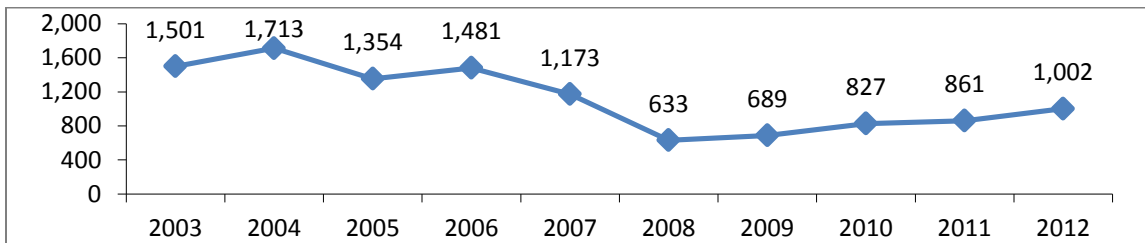
**Department of Corrections Institutional and Community-Based
Substance Abuse Treatment, FY 2003 – FY 2013**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Institutions										
Inmates in need of treatment	4074	4369	4713	4374	4441	4440	3887	3903	4515	4468
Inmates who received treatment	2646	2669	2936	2618	2615	2535	2235	2046	2294	2245
Percent	64.9%	61.1%	62.3%	59.9%	58.9%	57.1%	57.5%	52.4%	50.8%	50.2%
Community Corrections										
Clients in need of treatment	10299	11920	12650	12921	13047	12434	12509	11660	11426	11602
Clients who received treatment	5413	5855	6201	6367	6315	6243	6176	5782	5446	5447
Percent	52.6%	49.1%	49.0%	49.3%	48.4%	50.2%	49.4%	49.6%	47.7%	46.9%

Source: [Iowa Department of Corrections](#)

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Confirmed or Founded Child Abuse – Presence Drugs in Child's Body, CY 2003 – 2012



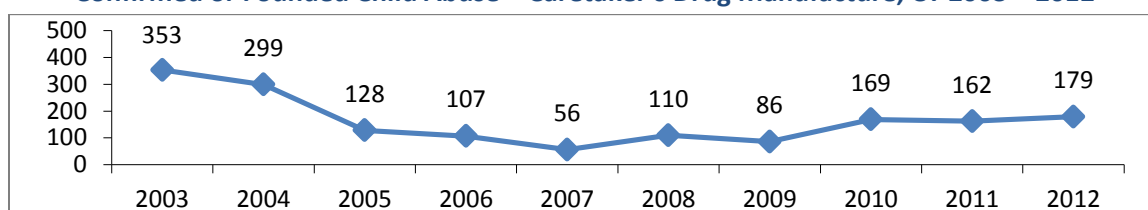
Source: [Department of Human Services](#)

**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.*

**Beginning in 2008 DHS began drug testing fewer children. DHS does not drug test all children if other evidence substantiates a confirmed or founded report.*

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body reached its peak in 2004. The number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs, specifically methamphetamine, decreased from 2003 to 2007. This number, like other methamphetamine statistics, was driven down by the reduction in methamphetamine labs across the state. However, along with the recent resurgence in meth lab incidents, the number of children affected by them has also risen.

Confirmed or Founded Child Abuse – Caretaker’s Drug Manufacture, CY 2003 – 2012



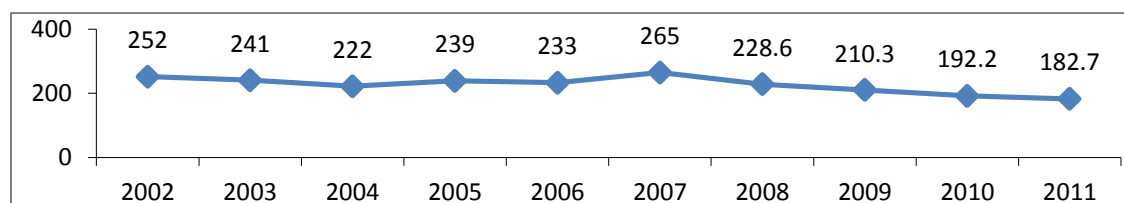
Source: [Department of Human Services](#)

**Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years this chart show only confirmed cases.*

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion referring specifically to prescription or over-the-counter medications will be noted.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses.

Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 2002 – 2011



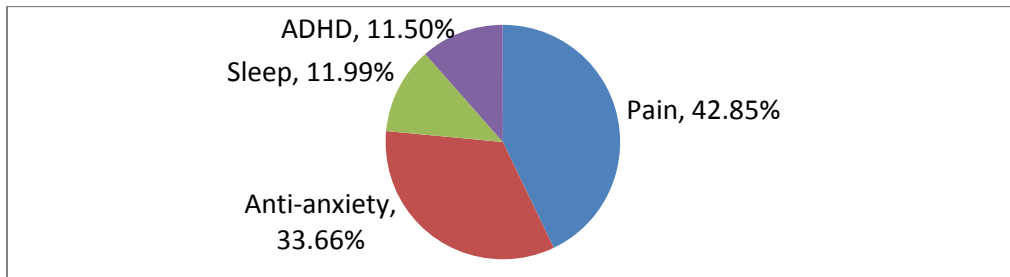
Source: [Iowa Department of Public Safety](#)

Prescription and Over the Counter Medications

Another dangerous form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as “safe,” and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants.

The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, the top 12 controlled substances prescribed in Iowa comprise approximately 80% of all prescriptions filled. These 12 medications include painkillers such as Vicodin and Percocet, anti-anxiety medication such as Xanax and Ativan, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

Top 12 Controlled Substances Prescribed to Iowans, CY 2012

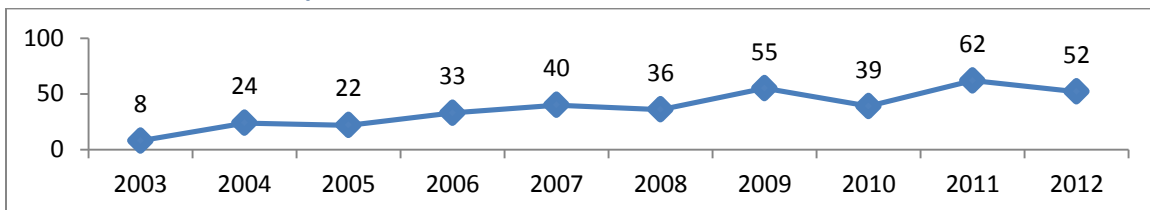


Source: [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 51 pharmaceutical diversion cases and seized 3,092 dosage units over the past two fiscal years (2012 – 2013). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. Iowa Department of Public Health data show treatment screening/admissions for “other” drugs reached an all-time high of 10.1% in 2012, but dropped to 5.9% in 2013. And, according to the 2012 Iowa Youth Survey, 6% of Iowa 11th graders have used prescription drugs for non-medicinal purposes in the past 30 days. The trends are clear. According to the Partnership at Drugfree.org, 2010 Partnership Attitudes Tracking Survey (PATS), one in four teens (25 percent) nationally report intentionally abusing prescription drugs to get high at least once in their lives.

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2012, there were 1,576 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Nearly 29% of prescribers, such as physicians, have registered for access to the PMP but the rate of usage is much lower. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription. Iowa overdose deaths from “other opioids” – which include hydrocodone and oxycodone – increased more than 1,450%, from 4 deaths in 2000 to an all-time high of 62 deaths in 2011. Fortunately this number decreased to 52 deaths in 2012, but this is still too high.

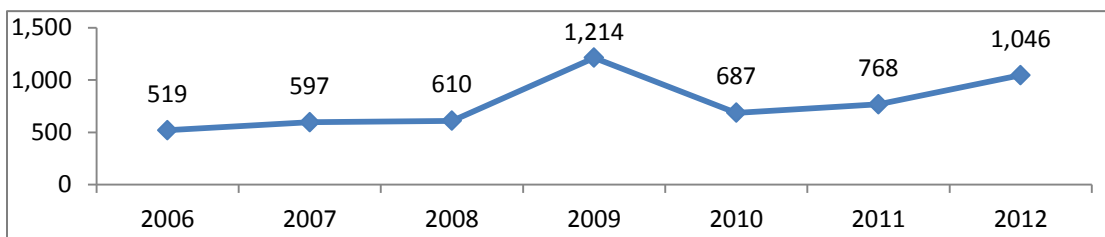
Iowa Opioid Pain Reliever Overdose Deaths, CY 2003 – 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health](#)

Opiate-related emergency department visits are more than double what they were six years ago. This number may not include unspecified or other drugs, or opiates combined with alcohol.

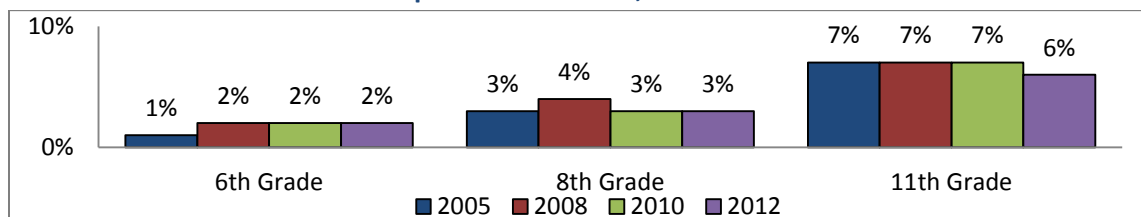
Number of Opiate-Related Emergency Department Visits, 2006 – 2012



Source: [Iowa Department of Public Health](#)

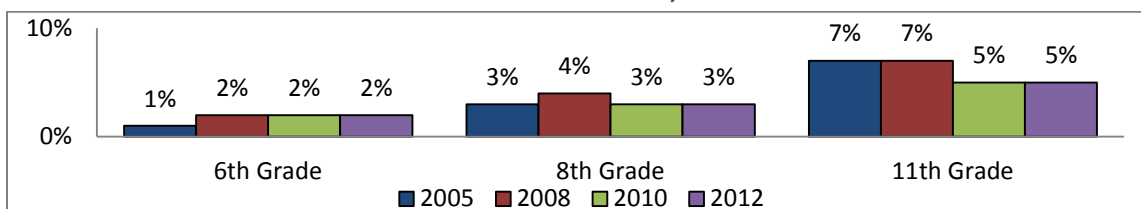
Additionally, attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that using a medicine without a prescription is not harmful and that abusing prescription pain killers will not cause addiction. These substances are widely available and are often obtained within the home. Many adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children. According to the 2010 PATS results, only 22% of parents are talking to their children about the dangers of abusing prescription drugs.

Percent of Students Self-Reporting the Current Non-Medical Use of Prescription Medications, CY 2005 – 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

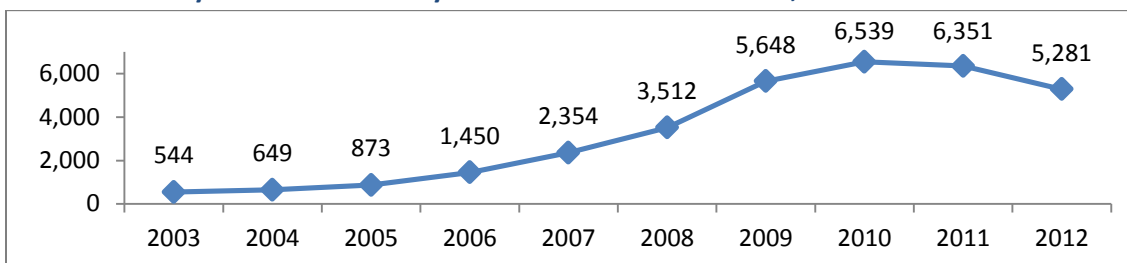
Percent of Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications, CY 2005 – 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the [Statewide Poison Control Center](#) to identify hydrocodone and oxycodone pain pills have increased **871%** since 2003, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa.

Hydrocodone and Oxycodone ID Calls from Iowans, CY 2003 – 2012



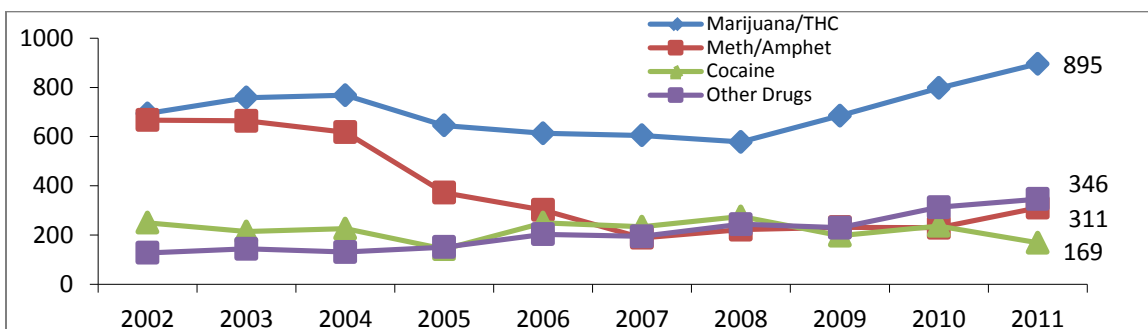
Source: [Iowa Statewide Poison Control Center](#)

Marijuana

Data indicate that marijuana is the most prevalent illegal drug and after alcohol, the second most used/abused substance by adults in Iowa. It also appears as though marijuana has held this distinction for quite some time.

One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 2002 – 2011



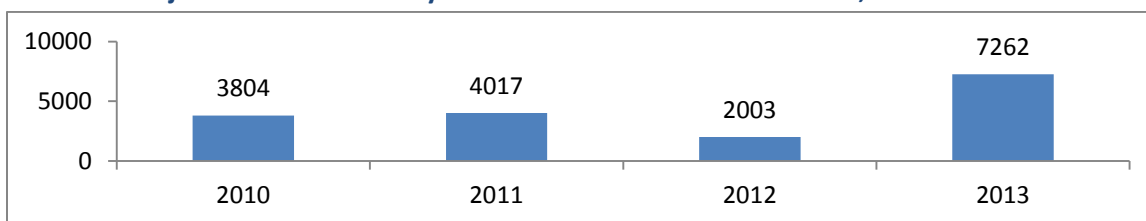
Source: [Iowa Department of Public Safety](#)

These figures illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2011, 53.4% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Recent marijuana eradication efforts indicate that since FY10, there has been an increase in the number of marijuana grows and generally an increase in plants seized. This trend will likely continue for the current year. State and local law enforcement will continue to respond to these grows as this type of controlled substance manufacturing is the beginning of the distribution process.

Marijuana Plants Seized by Division of Narcotics Enforcement, FY 2010 – 2013

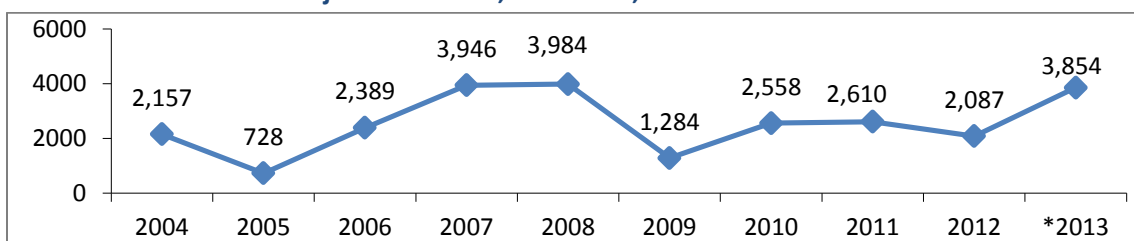


Source: [Iowa Department of Public Safety](#)

In recent years, “cartel growing operations” have been discovered in Iowa. These grows typically take place on private property where the land owner is not aware of the operation, the grow plots are in densely wooded remote areas of the property and encampments are established on-site so the plants can be tended to on a regular basis. These grows present several unique challenges such as the possibility of armed encounters between unsuspecting hunters or farmers and those encamped with the grow operation. Negative environmental impacts may also exist from the destruction of mature native trees by fertilizers and chemicals being introduced into local water sources. These grow sites tend to be large in nature and require the combined efforts of many agencies to effectively eradicate these sites, as well as investigate and prosecute the growers to the fullest extent possible.

The Iowa Department of Public Safety (DPS) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DPS have fluctuated, but generally remain significantly higher than that reported in the 1990s. According to the DPS, marijuana submission rates are up, but there have been fewer large cases, such as highway drug interdiction stops, than in past years.

Marijuana Seizures, in Pounds, CY 2004 – *2013 YTD



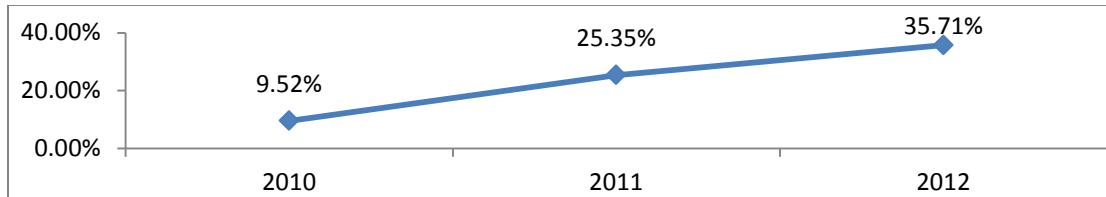
*Calendar year 2013 YTD

*May not include all seizures. Larger cases may be sent to DEA lab.

Source: [Iowa Department of Public Safety Criminalistics Lab](#)

Our interstate system of highways is often used by drug smugglers travel to or through Iowa. Marijuana from Colorado, a state which permits “medical marijuana,” is being seized with increasing frequency in interdiction stops by Iowa law enforcement. Colorado was identified as the source state for nearly 36% of the marijuana seized in Iowa interdiction stops in 2012, up from less than 10% two years earlier.

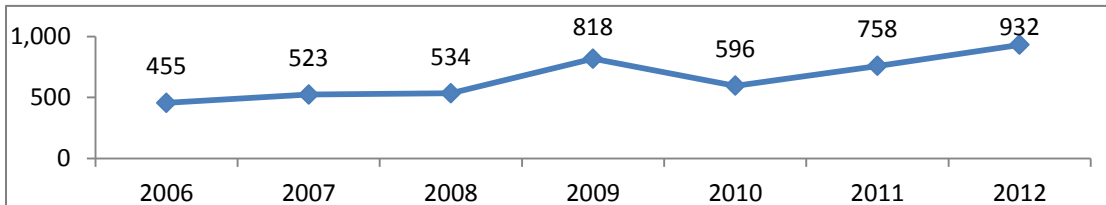
Iowa Interdiction of Colorado Marijuana, 2010 – 2012



Source: [Iowa Department of Public Safety](#)

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa, as well as emergency department visits due to marijuana use. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1997 – 2013. Hospital emergency department visits have risen 105% in six years. This data reinforces the fact that despite misconceptions by some, marijuana can be an addictive drug.

Number of Marijuana-Related Emergency Department Visits, 2006 – 2012

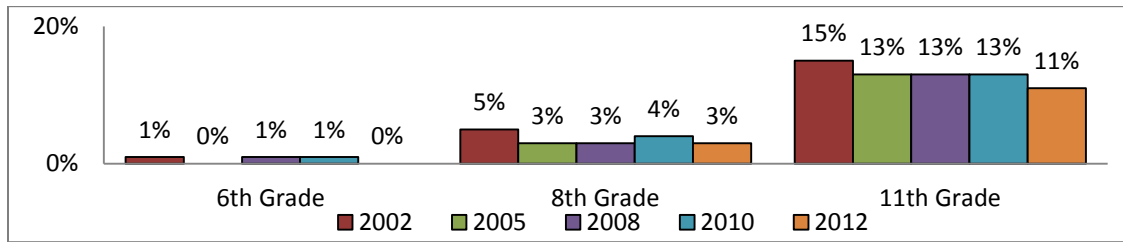


Source: [Iowa Department of Public Health](#)

Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana. Ninety percent of those admitted to prison with a primary charge of marijuana are convicted at the felony level. The most recent review of Iowa workplace drug test results, marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was methamphetamine, at 15.8%.

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2010, 11% of 11th graders reported current use. Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 22% in 2010.

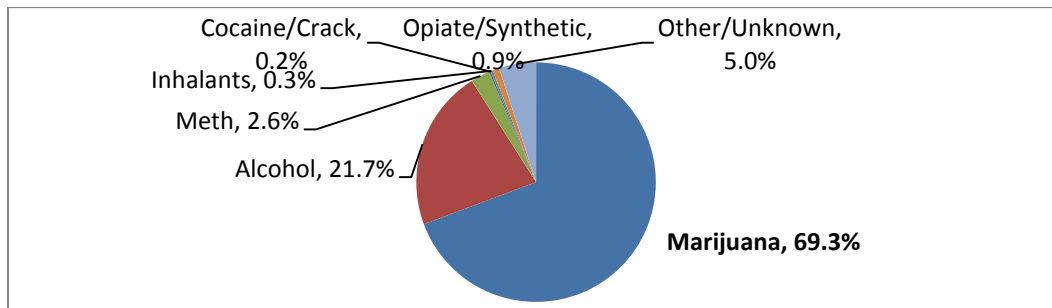
Percent of Students Self-Reporting the Current Use of Marijuana, 2002 – 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Substance abuse reporting system data also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2013, the greatest percentage of youth ever (69.3%) were screened/admitted for marijuana.

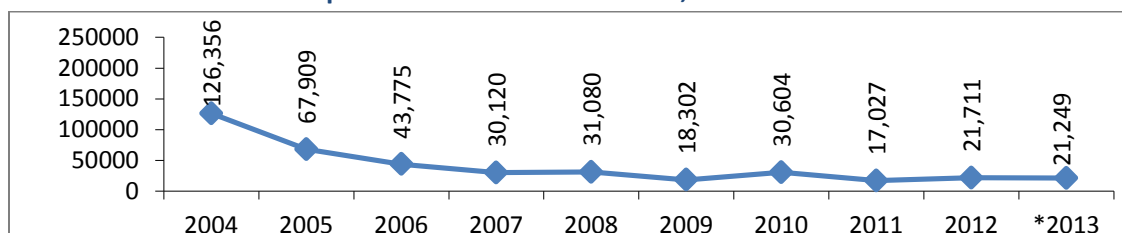
Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug, FY 2013



Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Amphetamine/Methamphetamine

Methamphetamine Seizures in Grams, CY 2004 – *2013 YTD



Source: [Iowa Department of Public Safety Criminalistics Lab](#)

*May not include all seizures. Larger cases may be sent to DEA lab.

This figure illustrates a significant reduction in methamphetamine seizures by Iowa law enforcement agencies since peak meth lab activity nearly a decade ago. It's worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures, notably meth seized in major cases and larger amounts that was submitted to the U.S. Drug Enforcement Administration's laboratory for federal prosecution. Therefore, this chart

One new development contributing to the recent rise in the prevalence of methamphetamine labs is the emergence of “shake ‘n bake” and “one-pot” cooks. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They are portable and unstable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, serious hazards exist for children who come in contact with the waste or families impacted by flash fires from these cooks.

State and Local Methamphetamine Clandestine Laboratory Responses, CY 2004 – 2013* YTD



Beginning September 1, 2010, Iowa ODCP implemented an electronic Pseudoephedrine Tracking System called the National Precursor Log Exchange (NPLEx). NPLEx is a real-time tracking system, used by virtually all Iowa pharmacies as a stop-sale system. That is, transactions are immediately added to the system, directing the pharmacist to prevent a sale from taking place if the daily or monthly limits are exceeded. Blocking sales in real-time prevents smurfing and consequently the production of methamphetamine. In the three full years since implementing NPLEx, more than 71,800 illegal purchase attempts have been blocked, preventing the sale of over 423 pounds of pseudoephedrine, averting an estimated 1,500 additional meth labs.

Iowa Average Methamphetamine Price and Purity

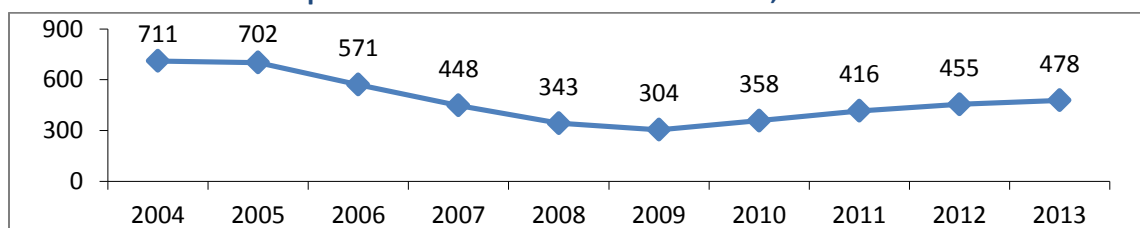
	2004	2006	2008	2010	2012	2013
Price	\$100	\$120	\$123	\$130	\$135	\$115
Purity	33%	40%	40%	79%	87%	97%

Source: [Iowa Counterdrug Task Force](#)

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. In recent months, the Iowa Department of Public Safety's Division of Narcotics Enforcement has experienced a significant increase in major cases involving large quantities of purer and more potent methamphetamine. In six cases alone, approximately 120 pounds of meth was seized in a short period of time. Also of concern is an increase in purity and potency of meth smuggled into Iowa from Mexico and other states. During a recent six month stretch, purity levels of meth confiscated in Iowa averaged 92%, and some of the meth encountered by law enforcement agencies was 99% to 100% pure. That compares with an average purity level ranging from 14 to 40% ten years ago.

Prior to the emergence of Iowa's "meth epidemic," the percent of adults screened/admitted with meth as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the meth epidemic began. However, along with the increase in meth labs, the percentage has risen to 13.1%.

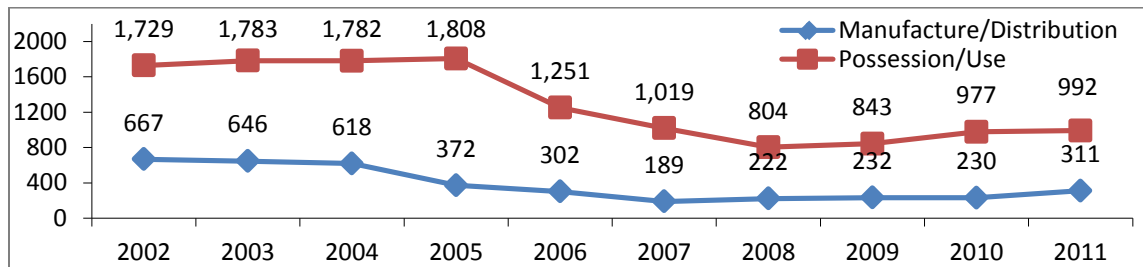
Methamphetamine-Related Prison Admissions, FY 2004 – 2013



Source: [Criminal and Juvenile Justice Planning](#)

From 2004 to 2009, methamphetamine-related prison admissions had decreased 57.9%. But, along with the rise in methamphetamine lab incidents, the number of methamphetamine related prison admissions has also increased.

Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 2002 – 2011

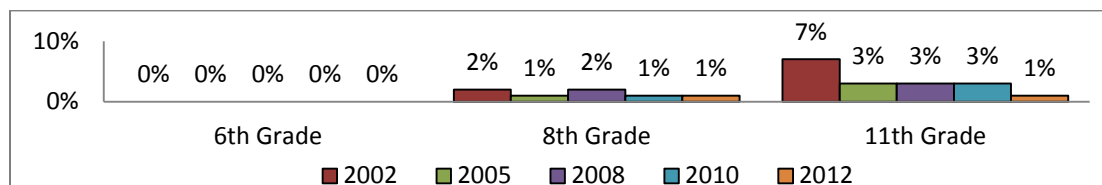


Source: [Iowa Department of Public Safety](#)

The numbers of offenses involving both manufacturing/distribution and possession/use of meth have shown a slight increase recently. Following passage of pseudoephedrine control legislation in 2005, arrests for meth manufacture/distribution as well as possession/use declined significantly until 2008 (43.6% and 49.2% respectively) then increased.

According to the 2012 Iowa Youth Survey amphetamine and methamphetamine use among the younger population has remained relatively stable.

Percent of Students Self-Reporting the Current Use of Amphetamine/Methamphetamine, 2002 – 2012

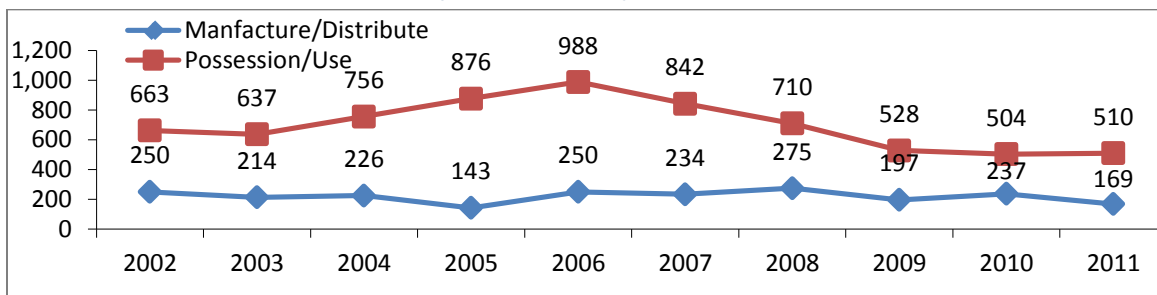


Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Cocaine/Crack Cocaine

Until the growth in the use of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine or crack cocaine. Overshadowed by the use of methamphetamine, cocaine represents a smaller but significant problem.

Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 2002 – 2011

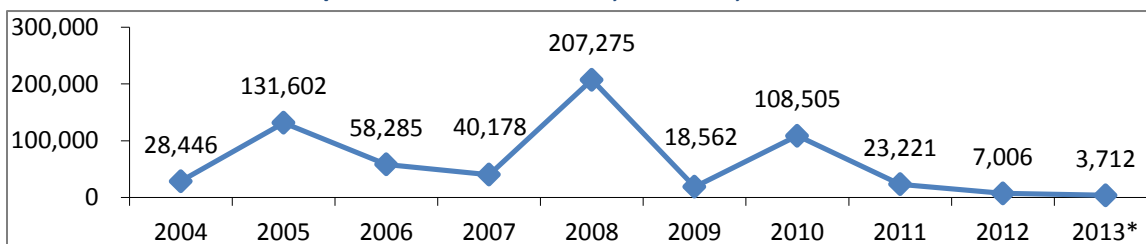


Source: [Iowa Department of Public Safety](#)

Cocaine possession/use offenses were at a fourteen year high in 2006 but have since decreased. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 in population.

In 2008 and 2010, the Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine. So far in 2013, there have been fewer cases of cocaine/crack seizures.

Iowa Cocaine/Crack Cocaine Seizures, in Grams, CY 2004 – *2013 YTD



Source: [Iowa Department of Public Safety](#)

*May not include all seizures. Larger cases may be sent to DEA lab.

Iowa Average Cocaine Price

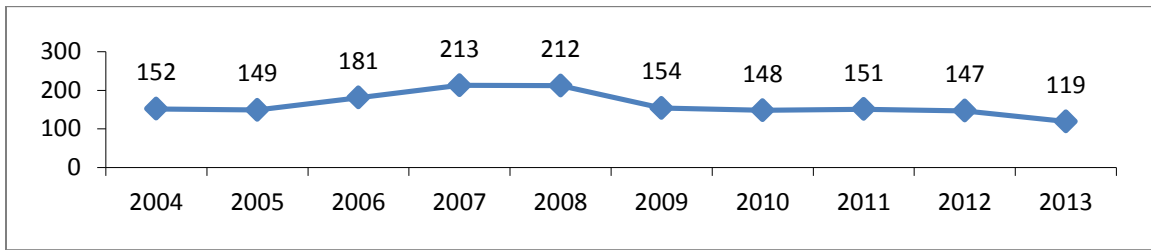
	2004	2006	2008	2010	2012	2013
Price	\$100	\$110	\$80	\$125	\$130	\$130

Source: [Iowa Counterdrug Task Force](#)

The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. The figure below illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has slightly decreased in the past four years.

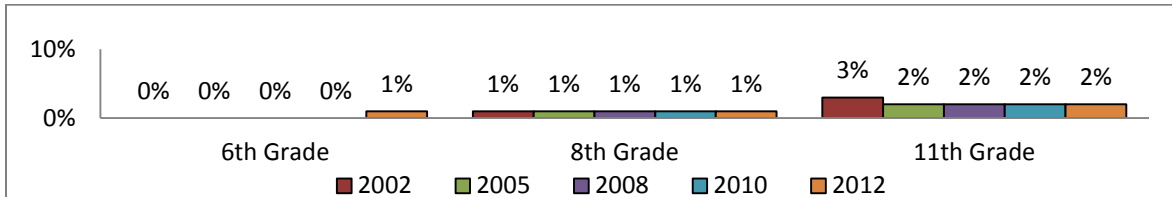
Cocaine-related admissions to prison represented 13.2% of drug-related prison admissions in FY 2013. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 – 2013



Source: [Criminal and Juvenile Justice Planning](#)

Percent of Students Self-Reporting the Current Use of Cocaine, 2002 – 2012



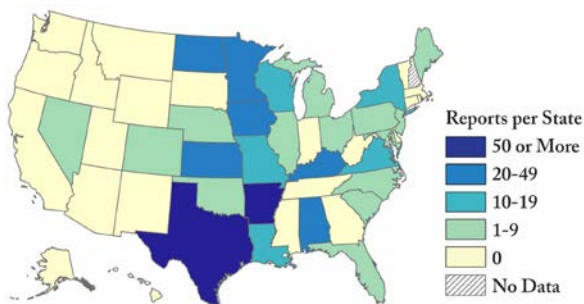
Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Data regarding the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs while remaining constant for the past 10 years is also very low. In 2013 only .2% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance of abuse.

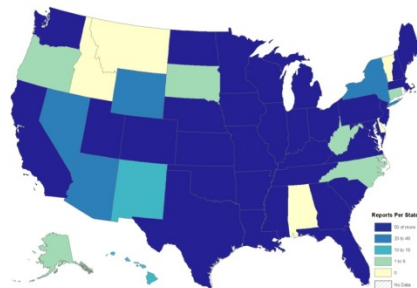
Synthetic Cannabinoids and Cathinones

Another emerging threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances that are sprayed with one or more chemical compounds. They are marketed as incense and not for human consumption, but are often used by Iowa youth and at times produce dangerous hallucinogenic effects. The effects of Bath Salts mimic cocaine. The maps below illustrate how quickly use of synthetic cannabinoids spread throughout the United States.

2010



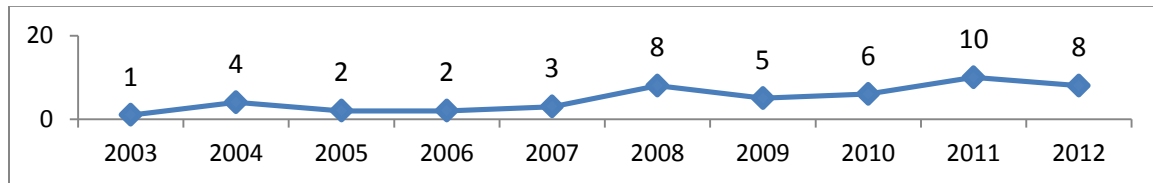
2012



Heroin

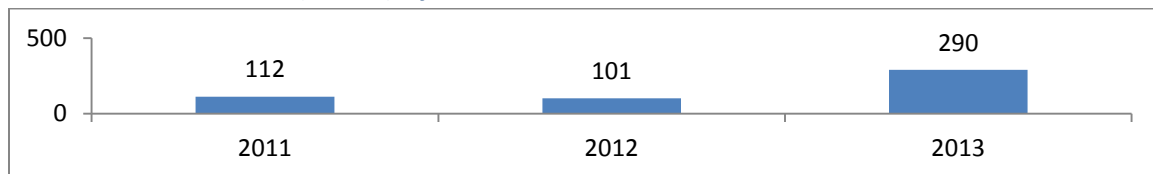
Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screening/admissions for treatment remain at an all-time high of 1.2% of all treatment admissions. Although small, this number has tripled in the past five years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Heroin overdose deaths rose 700% from 2003 to 2012, from 1 death to 8.

Iowa Heroin Overdose Deaths, CY 2002 – 2012



Source: [Iowa Department of Public Health, Division of Behavioral Health](#)

Heroin Seized (Grams) by Division of Narcotics Enforcement, FY 2011 – 2013



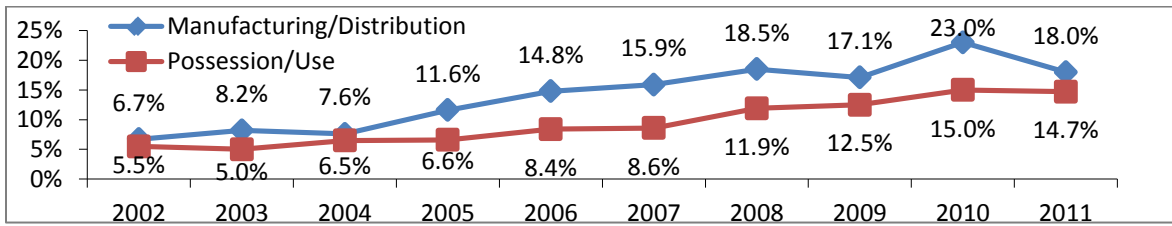
Source: [Iowa Department of Public Safety](#)

The Iowa Department of Public Safety's Division of Narcotics Enforcement reports three years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2012, DNE opened 6 heroin cases and seized 101 grams. In 2013, DNE opened 14 heroin cases and seized 290 grams. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture.

Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state, but their usage by drug abusers is currently relatively low. Since 2002, the percentage of arrests for both categories of offenses has generally risen, indicating a rise in crimes related to other drugs of abuse.

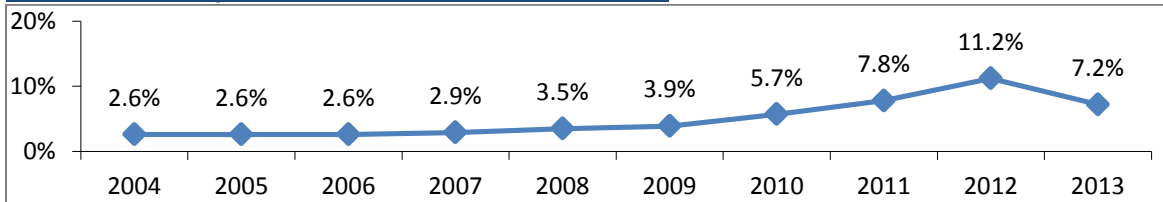
**Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs
Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and
Amphetamine/Methamphetamine, CY 2002 – 2011**



Source: [Iowa Department of Public Safety](#)

The percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is “unknown or other” has generally gone up. This category could include prescription drugs, heroin, synthetic drugs, over-the-counter drugs, and/or inhalants.

Percentage of Adult Substance Abuse Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse, FY 2004 – 2013

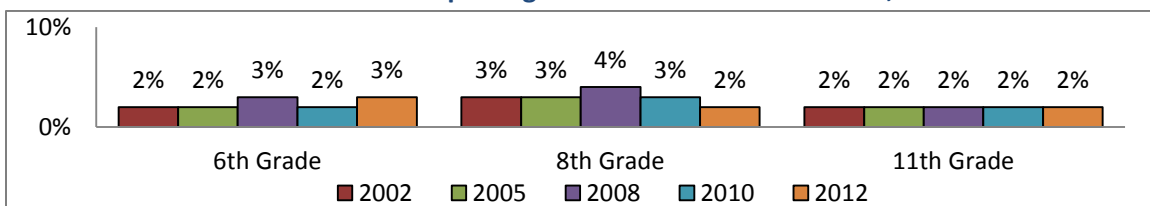


Source: [Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART](#)

Inhalants

Inhalant use more often starts at younger ages and continues to be of concern. The perception of risk related to inhalant use is dropping. As attitudes weaken, abuse is more likely to increase.

Percent of Students Self-Reporting the Current Use of Inhalants, 2002 – 2012



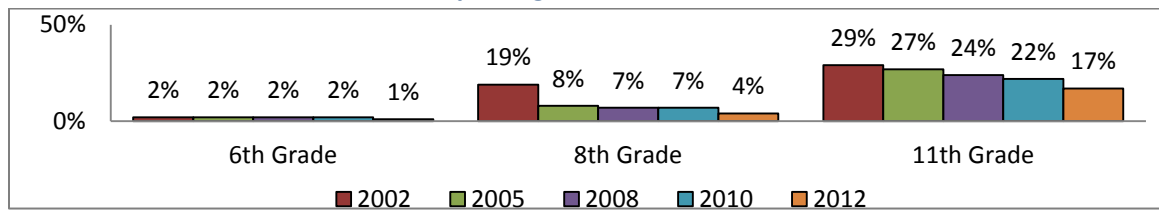
Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Tobacco

Much data and information has been published by the federal Centers for Disease Control and Prevention and other organizations to inform the general public of the dire consequences of using tobacco products. These organizations estimate that annually 4,600 Iowans die as a result of smoking, and that smoking results in the loss of 13.4 years of potential life. For Iowa smokers wishing to quit, Quitline Iowa offers tobacco cessation coaching services over the telephone or internet, 24 hours a day. The Iowa Department of Public Health reports a new program with

“Quit Coaches” was launched in 2012. Using principles based on 25 years of research and experience, a quit coach assists people in becoming experts at living tobacco free.

Percent of Students Self-Reporting the Current Use of Tobacco, 2002 – 2010



Source: [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Targeted Strategies: Results, Indicators, and Priorities

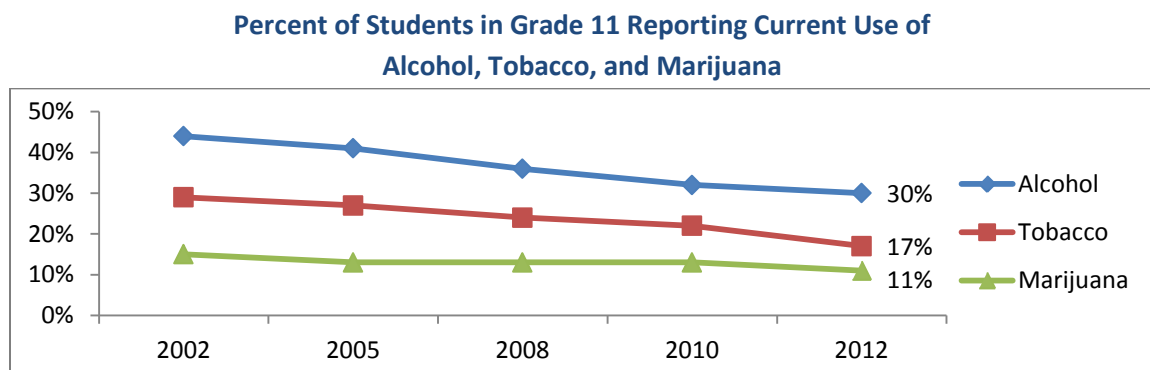
1. Strengthen Efforts to Make Iowans Healthy & Drug-Free

The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive impact on the addict, their family and the community-at-large.

Reduce youth use of alcohol, tobacco, and marijuana

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset of illegal drug use or alcohol abuse is an important strategy for reducing the incidence and prevalence of youth substance abuse. Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By using evidence-based, comprehensive prevention strategies in schools and communities, particularly while children are young, Iowa youth should report less substance use than in previous years.

The Iowa Youth Survey (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health's Division of Behavioral Health. It compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 from public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible. Prior to 2010, the IYS was conducted every three years.



Source: [Iowa Youth Survey](#)

What Works

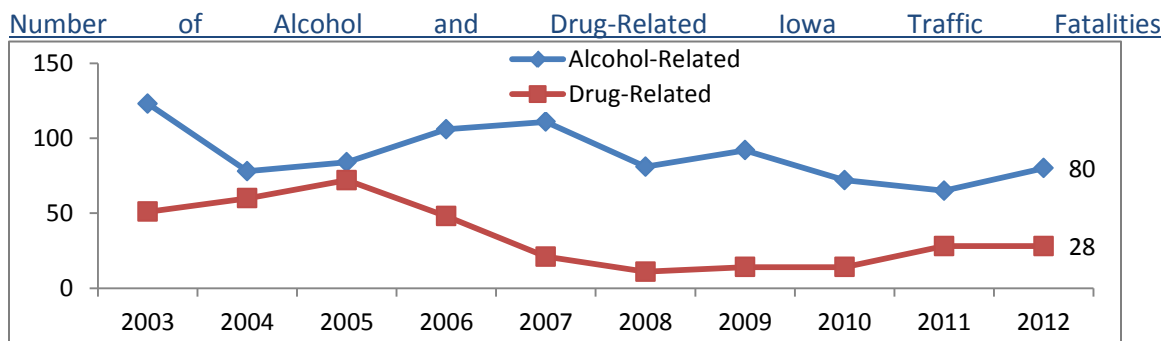
Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance abuse prevention programming; increasing the awareness of, and access to, prevention programming and information; reducing youth access to alcohol, tobacco, and illicit drugs; programming that is culturally relevant to the target population; alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity building, planning, implementation and evaluation; community coalitions involving professionals, parents, and others who support prevention efforts; mentoring programs based on best practices; and strengthening the involvement of parents, and other influential adults as healthy role models.

Reduce the number of alcohol and drug-related Iowa traffic fatalities

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Alcohol is one of the leading causes of fatal traffic crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes. In 2012, five of the young drivers (15 to 20 years old) killed in crashes had a blood alcohol concentration (BAC) of .08 or higher, including one 17, two 18, and two 19 year olds.

According to the Iowa Governor's Traffic Safety Bureau, in 2012, a total of 80 persons were killed in alcohol-impaired driving fatal crashes. Nearly 22% of all Iowa fatalities in 2012 were alcohol-related. Another 7.67% were drug-related fatalities.

In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse



Source: [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

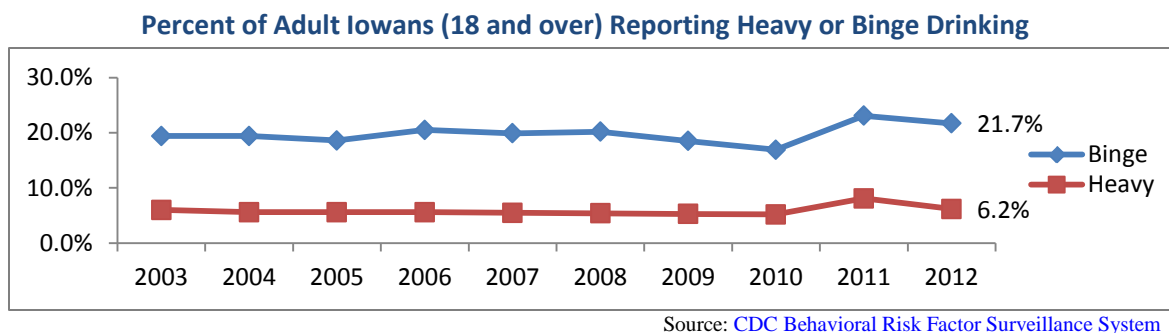
What Works

Initiatives that work to reduce the number of alcohol and drug-related traffic fatalities in Iowa include: specialized alcohol-related traffic safety education; environmental prevention strategies addressing community norms about alcohol use and abuse; reducing youth access to alcohol products; alcohol compliance checks at retail establishments, bars, and restaurants; alcohol server/seller training; graduated licensing for underage youth; Intoxilyzer lockouts for vehicles; and having a 21 year-old legal drinking age.

Reduce the number of Iowans engaged in heavy or binge drinking

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the rate of no more than one ounce per hour poses little risk to most adults. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases.

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs. According to the data below, adult Iowans who report heavy and binge drinking are at near historic highs.



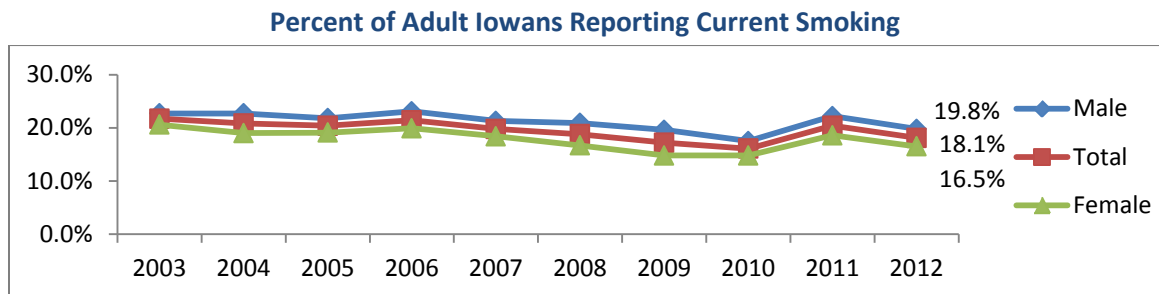
What Works

Initiatives that work to reduce the percentage of Iowans who binge drink or drink heavily include: Drug-free workplace policies; school and community programming; community coalitions involving professionals, parents, and other supporters; raising the age of onset of alcohol use; prevention services for the lifespan (prenatal through death); and the 21 year-old legal drinking age.

Reduce the number of Iowans who smoke

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden, costing an estimated \$1 billion in annual health care

in Iowa alone. Tobacco use among adults and exposure to secondhand smoke continue to be major public health problems. Having fewer tobacco users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs. Reducing tobacco usage by youth also reduces the likelihood Iowans will ever use other drugs.



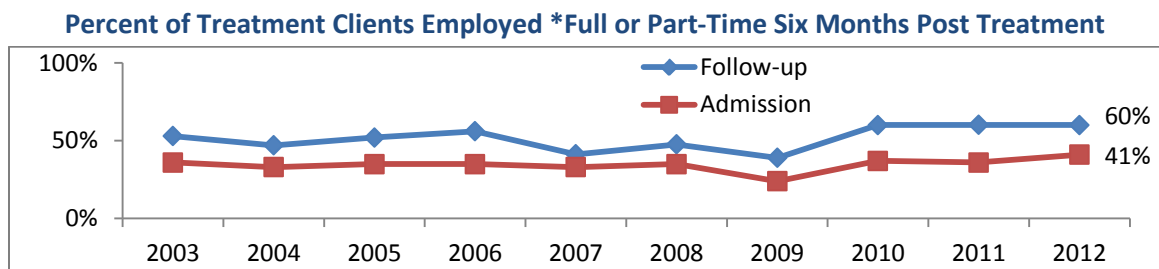
Source: [CDC Behavioral Risk Factor Surveillance Surveys](#)

What Works

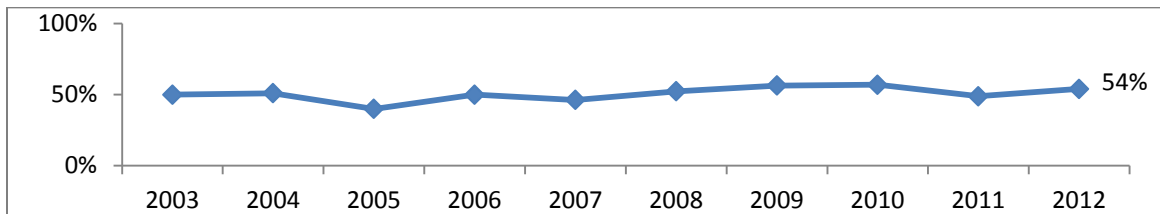
Initiatives that work to reduce the percentage of Iowans who smoke include: tobacco retailer compliance checks, education and reinforcement; community mobilization combined with additional interventions, reducing client out-of-pocket costs for tobacco cessation therapies; multi-component interventions; telephone hotlines; and healthcare provider reminder systems.

Increase the number of treatment clients who are employed and abstinent six months post-treatment

Nearly sixty percent of treatment clients who participated in the Year Fifteen Outcomes Monitoring Study for 2012 were employed full or part-time six months after treatment, compared to only 41% of clients at treatment admission. More than 54% of treatment clients remained abstinent six months after treatment discharge. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the addict, their family and community.



Percent of Treatment Clients Abstinent Six Months Post Treatment



*Beginning in 2010, employment includes full and part-time, whereas in past years, this chart only reflects full-time employment.
 Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
 Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

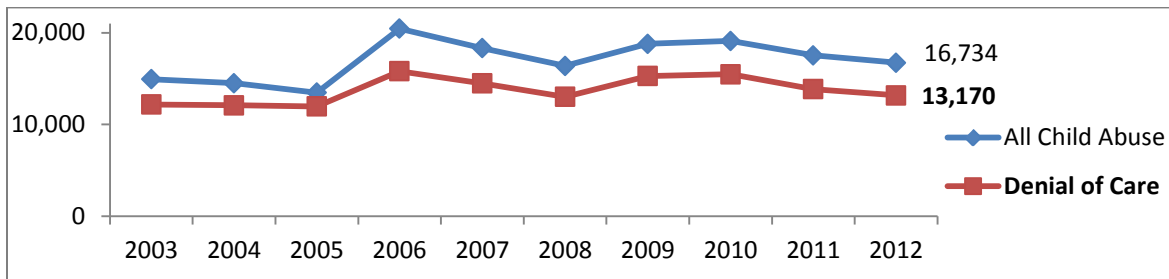
What Works

Initiatives that work to keep treatment clients abstinent and employed six months after treatment discharge include: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system; individualized treatment plans; increased accessibility and capacity for treatment; early identification; aftercare services; retention in treatment; drug courts; family education; and treating co-occurring disorders.

Reduce the number of confirmed or founded cases of child abuse related to the denial of critical care

Experts agree there is a high correlation between parental substance abuse and child abuse. In Iowa, denial of critical care (child neglect) is the most frequent form of child abuse. While not all denial of critical care abuse is related to substance abuse, there is overwhelming evidence that addicted caregivers do not provide adequate care for their children. Cases like these point to the need to recognize the significant impact drug use has on denial of critical care.

**Number of Confirmed or Founded Cases of Child Abuse
Related to Denial of Critical Care**



Source: [Iowa Department of Human Services](#)

**Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused. Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.*

What Works

Initiatives that work to reduce the number of child abuse cases related to denial of critical care include: family drug treatment court; child welfare-substance abuse partnerships; Community Partnerships for Protecting Children; drug testing; improved intake/screening/assessment and treatment for system involved clients and the Drug Endangered Children program.

Strengthen Efforts to Make Iowan's Healthy and Drug Free – Possible Byrne Program Responses

- Drug Endangered Children Program
- School-based prevention programs with local community coalition participation
- Programs which provide information to the public on emerging drugs
- Public service campaigns to empower parents/caregivers to educate their children about drugs
- Substance abuse prevention services targeting high risk youth and their parents
- Programs that integrate substance abuse prevention services with services provided through the Department of Human Services and the Department of Corrections
- Programs that provide retail alcohol sales training
- Enforcement programs to address drunk and drugged driving laws
- Anti-drug coalitions programs which establish environmental prevention strategies and activities.
- Programs that address underage and binge drinking on college campuses
- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders
- Programs to monitor illegal prescription drug abuse
- Intensive supervision programs for drug involved offenders
- Programs to assist offender transition from jail/prison to the community
- Programs that increase treatment resources for juvenile or adult offenders
- Programs that provide substance-free supervised transitional housing
- Programs that improve early identification of substance abuse issues in high risk populations
- Programs that resist efforts to legalize marijuana and other harmful drugs

2. Safeguard Iowa Communities from Illegal Drugs

By reducing illegal drugs in Iowa communities, the cycle of addiction that compromises our communities' health and safety can be broken, and our youth will be much safer.

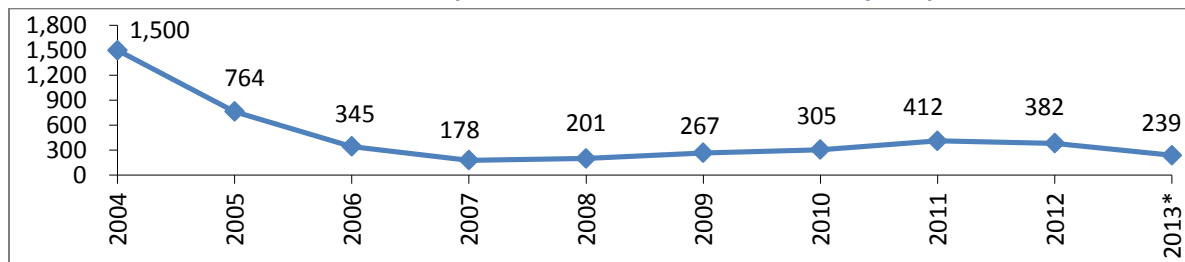
Reduce the number of clandestine methamphetamine labs in the State

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. New methods of making methamphetamine, called one-pot or "shake n bake" labs, are also posing a threat to unsuspecting Iowans. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They involve putting toxic chemicals in a plastic bottle and shaking it, causing an extremely high amount of pressure to build up in the container resulting in rupture. The process is incredibly unstable, causing fires and injuring people. The remnants are often disposed of in neighborhoods and ditches.

Aside from their environmental impact, meth labs especially pose a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions and flash fires from these cooks. In 2009 there was a single one-pot lab reported. In 2010, that number went up to 56. Through September 30th, 2012, 136 one-pot labs have been reported.

Since passage of Iowa's Pseudoephedrine Control Act in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. State legislation to implement a real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system was implemented in 2010. Iowa ODCP manages the system which connects all pharmacies to identify those who attempt to illegally purchase more than their daily or monthly limit to make methamphetamine. 100% of pharmacies in the state that sell pseudoephedrine products over-the-counter actively participate. This connectivity helps reduce smurfing (pharmacy-hopping) and Law enforcement reports the system is very helpful in methamphetamine investigations.

State and Local Methamphetamine Clandestine Laboratory Responses



*Calendar year 2013 through September 30

Source: [Iowa Department of Public Safety](#)

What Works

Initiatives that work to reduce methamphetamine labs in Iowa include: enforcement units that respond to and dismantle clandestine laboratories; multi-jurisdictional drug enforcement task

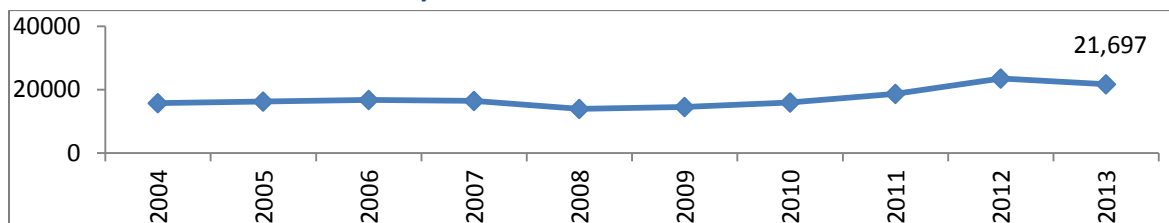
forces; coordinated intelligence collection, analysis and sharing; collaborating with community businesses, human services, corrections, and health care; real-time electronic precursor (pseudoephedrine or PSE) tracking and point-of-sale controls; and pharmacist and technician education.

Increase treatment admissions for substances other than alcohol

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions. Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of recovery and rehabilitation.

In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. There is an average 6.17 treatment admissions per 1,000 in population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 in population in non-covered counties.

**Substance Abuse Treatment Program Screenings/Admissions for Adults
with a Primary Substance of Abuse Other than Alcohol**



Source: [Iowa Department of Public Health, Division of Behavioral Health](#)

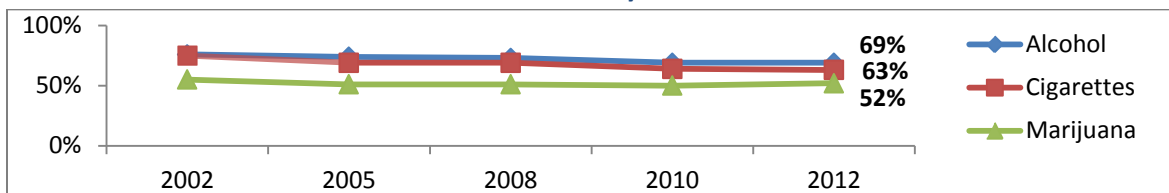
What Works

Initiatives that work to increase treatment admission numbers for drugs in Iowa include: multi-jurisdictional drug task forces; coordinating intelligence collection and sharing; jail-based treatment; drug courts; intensive supervision with treatment; and Access to Recovery services.

Reduce the ease of access to cigarettes, alcohol, and marijuana by Iowa's youth

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2012, 69% of 11th graders thought it would be "easy" or "very easy" to get alcohol. Ease of access is a key factor in youth substance abuse.

Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities As Perceived by Youth



Source: [Iowa Youth Survey](#)

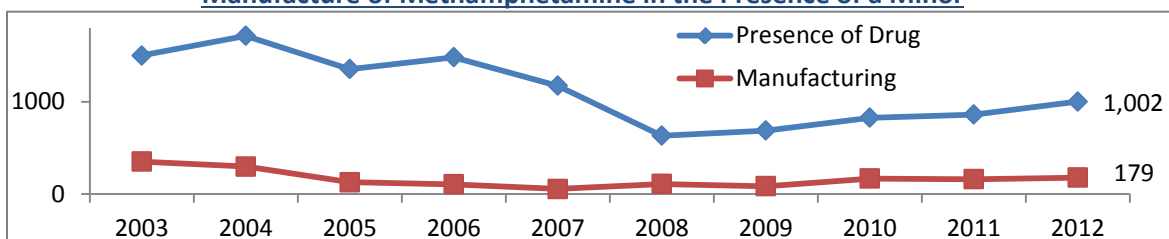
What Works

Initiatives that work to reduce the perceived ease of access to cigarettes, alcohol and marijuana by Iowa youth include: schools implementing evidence-based substance abuse prevention programming; increasing access to prevention programming; reducing youth access to alcohol and tobacco; cross training among multiple disciplines to enhance involvement in prevention; a credible and sustainable prevention workforce; aligning with the national strategic prevention framework; community coalitions involving multiple sectors; mentoring programs; evidence-based parent education programs; healthy role models; and the 21 year-old legal drinking age.

Reduce the number child abuse cases related to the presence of an illegal drug in a child's body or manufacturing meth in the presence of a minor

In 2012, the presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor accounted for 1,181 founded child abuse reports, the highest level in five years. When all denial of critical care, presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children's futures.

Number of Confirmed or Founded Cases of Child Abuse Related to Presence of an Illegal Drug in a Child's Body or Manufacture of Methamphetamine in the Presence of a Minor



Source: [Iowa Department of Human Services](#)

* In 2006, DHS began reporting Confirmed and Founded totals together whereas in previous years this chart showed Confirmed only.

*DHS does not drug test all children if other evidence substantiates a confirmed or founded report.

What Works

Initiatives that work to reduce child abuse cases involving meth labs and drugs in a child's body include: family drug treatment court; child welfare-substance abuse partnerships; community Partnerships for Protecting Children; drug testing; improved intake, screening, assessment and treatment for system involved clients; the Drug Endangered Children program; community-based follow-up; support services; substance abuse treatment; and parenting programs.

Safeguard Iowa Communities from Illegal Drugs - Possible Byrne Program

Responses

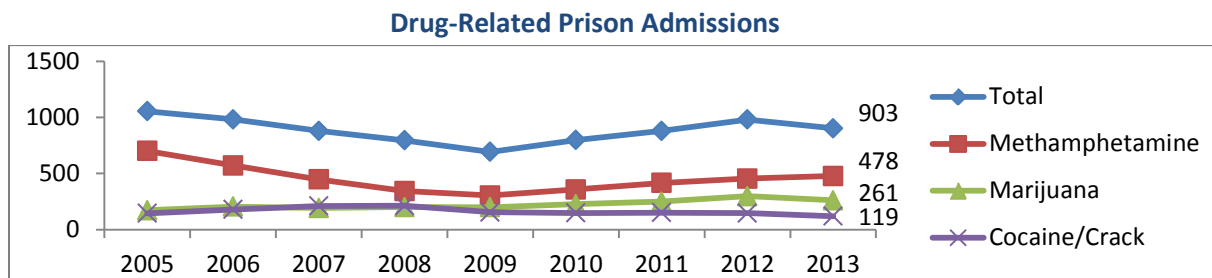
- Programs to divert non-violent offenders from jail/prison to treatment
- Juvenile and adult drug court programs
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment programs
- Multi-jurisdictional drug enforcement task forces
- Program that use drug intelligence systems to increase law enforcement effectiveness
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors
- Crime lab enhancements which reduce the turnaround time for evidence analysis
- Precursor diversion prevention and enforcement programs
- Programs that link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole

3. Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

The use of alcohol and other drugs has long been associated with crime and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. People who are abusing alcohol and other drugs are more inclined to commit crimes and pose a public safety threat. About ninety percent of all prison inmates, regardless of the crime they are imprisoned for, abuse alcohol or other drugs. Studies have shown that substance abuse treatment reduces not only drug use but its related crime as well. Iowans are safer when offenders returning to their communities have completed treatment.

Reduce drug-related crime and associated prison admissions

According to the FY 2006 State Legislation Monitoring Report by the Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP), drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY 2005 saw the first reduction of drug-related prison admissions in a decade, and they continued to decline for five straight years. This reduction was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. However, the importation of meth through drug trafficking organizations has helped fuel an increase in meth related prison admissions. In FY 2013, there were 903 people imprisoned on drug-related charges. Of those, 478, or 52.9%, were meth-related.



Source: [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

What Works

Initiatives that work to reduce drug-related prison admissions include: precursor controls; environmental prevention policies; drug courts; drug-free housing; intensive supervision coupled with treatment; diversion to treatment; long-term aftercare programming and wrap around services to reduce recidivism; prison to community transitional and re-entry services; indicated prevention programs for at-risk youth; jail-based treatment; and drug enforcement task forces.

Increase the number of community-based offenders, with an identified substance abuse treatment need, who receive treatment

Studies have shown that substance abuse treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. Findings from the 2012 report include:

- 85% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 41.1% at treatment admission to 59.7% six months since discharge from treatment
- 54.4% of clients remained abstinent six months since their discharge from treatment

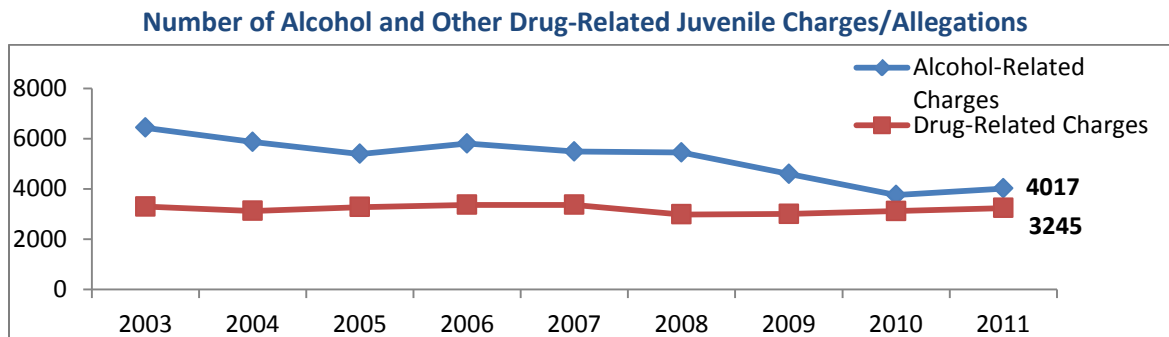
As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment.

What Works

Initiatives that work to increase the number of community-based offenders who receive treatment when needed include: community aftercare; therapeutic communities with aftercare; jail-based treatment; drug courts; drug-free housing; intensive supervision coupled with treatment; wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance); and long term aftercare programming.

Reduce the number of juvenile alcohol and other drug-related charges

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their substance abuse. The adolescent brain is especially vulnerable to addiction. In 2011, 1,402 Iowa youth were charged with OWI and drug offenses. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). In FY 2012, 67% of the youth at the State Training School were in need of substance abuse treatment. The average age of admittance was 16.53 years and the average length of stay was 10.8 months.



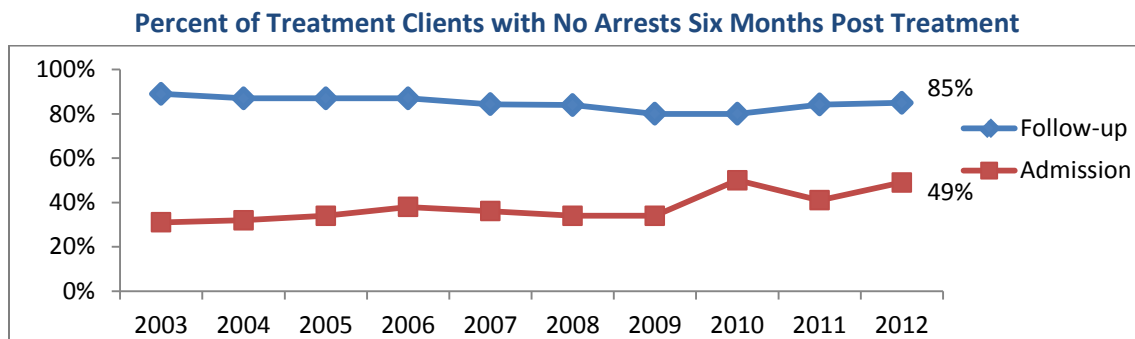
Source: [Iowa Justice Data Warehouse](#)

What Works

Initiatives that work to reduce the number of alcohol and drug-related juvenile charges include: adult to youth mentoring utilizing best practices; community coalitions involving professionals, parents, and others who support prevention efforts; environmental prevention strategies such as modifying attitudes and behaviors regarding drugs of abuse; substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers; positive youth development programs and strategies; employment and job shadowing programs for at-risk youth; coordinating services between education, vocational rehabilitation, the Department of Human Services and Juvenile Court officers; intervention programs such as Rethinking Drinking; and 21 as the legal drinking age.

Increase the number of treatment clients with no arrests six months after completing treatment

Forty-nine percent of treatment clients who participated in the Year Fifteen Outcomes Monitoring Study for 2012 had no arrests prior to treatment. But, six months after treatment, 85% of clients had no arrests. Substance abuse treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client's level of motivation are major indicators of success. Treatment must be comprehensive and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the addict, his or her family and friends, and the community.



Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

What Works

Initiatives that work to reduce recidivism (as shown by the percent of treatment clients with no arrests six months after treatment discharge) include: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system; individualized treatment plans; motivational interviewing case management; early identification; aftercare services; retention in treatment – longer stays produce better outcomes; drug courts; and family education and involvement.

Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration - Possible Byrne Program Responses

- Programs that divert non-violent offenders from jail/prison to treatment
- Jail-based drug treatment programs
- Co-occurring disorder community based programs
- Family drug courts
- Therapeutic community programs
- Prisoner re-entry programs
- Drug Endangered Children program

Strategy Development Process

Iowa's Substance Abuse Strategy is developed by the Governor's Office of Drug Control Policy (ODCP) and its advisory board, the Iowa Drug Policy Advisory Council (DPAC) in conjunction with local, state and federal officials working within and in support of the criminal justice system, as well as with the general public, local associations, media and other businesses and organizations. The Edward Byrne Memorial State Justice Assistance Grant Program application is one of several elements of the comprehensive substance abuse strategy.

The strategy is developed in four distinct phases described in detail throughout this document and summarized below:

Public Input

The strategy development process includes several opportunities for input from the public. All strategy planning sessions are advertised and open to the public for input and comment. A draft copy of the strategy is posted online and a statewide press release is issued inviting the public to comment. The strategy is also posted on the public document section of the State Library's website.

From time to time the Office of Drug Control Policy commissions surveys of Iowans on specific issues of concern. Detailed information is collected on citizen's behavior, opinions, and knowledge. Recent surveys have included topics such as Pharmaceutical and over the counter drug misuse/abuse, beer and liquor taxes, and pseudoephedrine tracking system use.

Similar surveys are sometimes also conducted of constituent professionals in the criminal justice, medical, and human service fields to add to our knowledge base and obtain suggestions and feedback on particular issues.

Need Assessment/Resource Needs

ODCP and the Drug Policy Advisory Council collect and analyze, a series of substance abuse data indicators on substance abuse prevention and treatment needs, and provide historical trend data of relevance to evaluate the efforts to reduce both the use and prevalence of alcohol and other drugs in Iowa.

Drug Policy Advisory Council

ODCP's advisory board, the Drug Policy Advisory Council, is made up of executive level officials from all components of the criminal justice field, as well as representatives from the substance abuse treatment, education and prevention field. All levels of government are represented on the Board.

The Iowa Drug Policy Advisory Council membership is defined in Iowa Codes Section 80E and includes the following:

Iowa Drug Policy Advisory Council

Steven F. Lukan
Drug Policy Coordinator

Jennifer Benson
County Attorney's Association

Katrina Carter
Department of Corrections

Cynthia Erickson
Department of Education

Vern Armstrong
Department of Human Services

Kathy Stone
Department of Public Health

Steve DeJoode
Department of Public Safety

Paul Stageberg
Department of Human Rights

David Lorenzen
Iowa Peace Officers Association

Brian Vos
Iowa State Sheriffs and

Deputies Association

Todd Thoeming
Iowa State Police Association

Warren Hunsberger
Substance Abuse Treatment Director

Jane Larkin
*Substance Abuse Treatment
Specialist*
Christina Wilson
Substance Abuse Prevention Specialist

Honorable Thomas Bower
Judicial Branch

Non-Voting Members

Stephan Arndt
*Iowa Consortium for Substance Abuse
Research and Evaluation*

Col. Thomas Staton
Iowa National Guard

Steve Larson
Alcohol Beverage Division

Chief Mike Lashbrook
Iowa Police Chiefs Association

Utilizing the information gathered from the public, the data collected through the needs and resource assessment, and professional experience, DPAC established statewide goals and objectives with specific recommendations dealing with all components of anti-substance abuse programming.

Strategy Review and Submission

The Substance Abuse Strategy is edited by the Governor's Office of Drug Control Policy to meet the guidelines for the Byrne JAG Grant Application and forwarded to the Bureau of Justice Assistance as the planning document for the Byrne JAG Grant Program. The Byrne JAG grant application also undergoes a review by the Governor and Legislature as well as the general public.

Subgrant Award Process:

The Governor's Office of Drug Control Policy utilizes a competitive application process to pass thru grant funds to eligible applicants. The competitive application process includes a bifurcated review and evaluation involving a peer and staff review of applications. Requests for proposals are typically released in mid-February, applications are due in early April, and grant awards are announced in early June. Subgrant contracts are administered on the state fiscal year which is July through June.

Evidence-Based Projects

The Governor's Office of Drug Control Policy's strategy development process has always included an effort to identify "what works" and to encourage applicants to apply for and to implement "best practice" approaches to respond to the priorities established by the Governor, Drug Policy Advisory Council, and ODCP in the State Strategy.

In recent years BJA and others have increased the focus on "evidence based" programs implemented with fidelity. The Office of Drug Control Policy is currently engaged with BJA's technical assistance provider to; establish precision on what is meant by "evidence based" programming; to evaluate our efforts regarding evidence base programming; to implement evidence base principals into planning and program development; and to educate our grantees and program partners.

Coordination of Efforts

Formula grant funds are administered by the Office of Drug Control Policy, headed by the state Drug Policy Coordinator. The Coordinator is directed by state statute (Iowa Code Chapter 80E) to do the following:

- coordinate and monitor all statewide drug enforcement efforts
- coordinate and monitor all state and federal substance abuse treatment grants and programs
- coordinate and monitor all statewide substance abuse prevention and education programs in communities and schools
- help coordinate the efforts of the state Departments of Corrections, Education, Public Health, Public Safety, and Human Services
- assist in the development and implementation of local and community strategies to fight substance abuse
- submit an annual report concerning state substance abuse activities and programs, including a needs assessment of substance abuse treatment programs and drug enforcement
- provide advisory budget recommendations relating to substance abuse treatment, enforcement, and prevention and education

The Coordinator chairs the 15-member Drug Policy Advisory Council, which is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention and treatment. Council membership consists of representatives from the state Departments of Corrections, Education, Human Services, Public Health, and Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, a substance abuse treatment program director, the statistical analysis center director, a prevention specialist, a judge, and three law enforcement officers. Non-voting members include the United States Attorneys from the Northern and Southern Districts of Iowa, a member of the Iowa National Guard, and the director of the Iowa Consortium for Substance Abuse Research and Evaluation.

To provide direction for developing policies and programs, the Council has worked to identify and develop a series of databases specifically devoted to the organization and retention of information that describes a variety of alcohol and other substance abuse indicators. This information is reviewed and discussed regularly, and is used for making policy and program recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, treatment and criminal justice. In addition, the data indicators serve as the foundation of the Iowa Drug Control Strategy

Funding Information

Funding listed herein focuses on substance abuse and associated issues (e.g. crime, violence, and delinquency). Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs. Funding estimates include State, Federal, and Other funding sources invested by State

agencies. Funding estimates do not include local or private resources, or federal funds provided directly to communities.

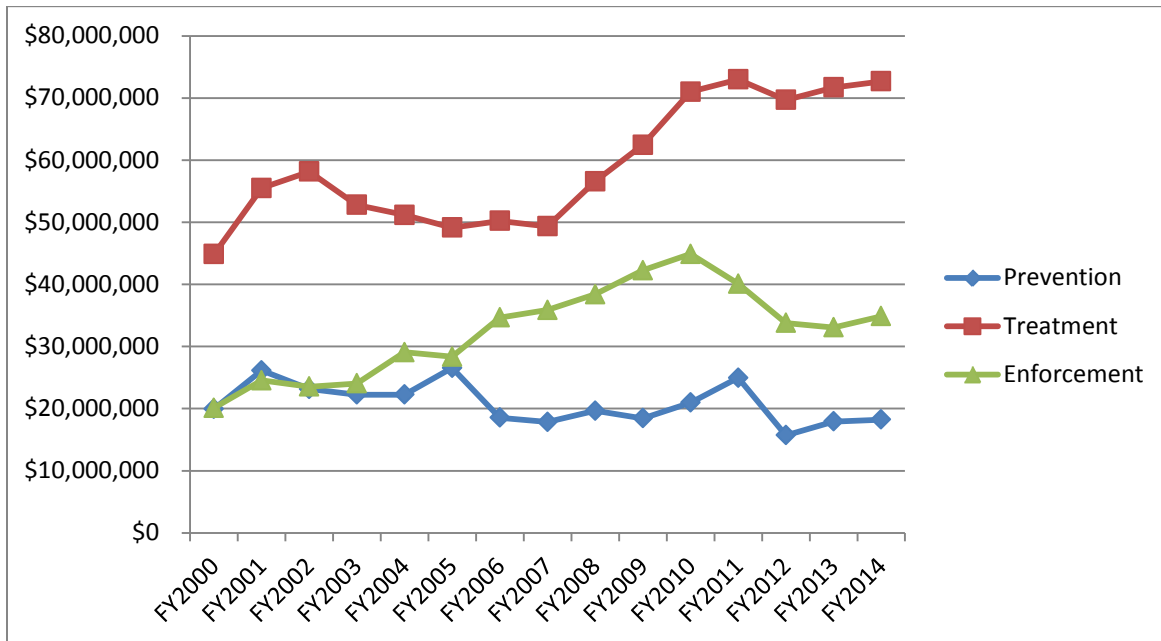
Total Estimated FY 2014 Substance Abuse & Drug Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2014 Total	FY 2010 Total	% Change from FY 10
Dept. of Education	\$3,497,658			\$3,497,658	\$1,817,198	+95.5%
DHR, CJP	\$246,464		\$712,577	\$959,041	\$1,377,662	-30.4%
DHS, Child & Family Services		\$2,725,571		\$2,725,571	\$2,287,637	+19.1%
DHS, Medical Services		\$25,988,219		\$25,988,219	\$21,311,540	+21.9%
DHS, Mental Health/Disability		\$2,120,578		\$2,120,578	\$2,583,510	-17.9%
DOC, Community Based		\$1,005,766	\$4,937,768	\$5,943,534	\$8,918,276	-33.4%
DOC, Institutional Programs		\$2,961,013		\$2,961,013	\$3,526,488	-16.0%
DPH, Behavioral Health	\$7,215,294	\$33,753,873		\$40,969,167	\$42,281,157	-3.7%
DPH, Tobacco	\$3,931,109	\$1,996,427	\$453,067	\$6,380,603	\$10,858,117	-41.2%
DPS, DCI			\$5,783,315	\$5,783,315	\$3,974,427	+45.8%
DPS, DNE			\$8,401,849	\$8,401,849	\$8,380,387	+0.3%
DPS, GTSB			\$339,500	\$339,500	\$877,000	-61.3%
DPS, State Patrol			\$7,832,110	\$7,832,110	\$7,538,095	+3.9%
Iowa National Guard	\$167,237		\$2,766,107	\$2,933,344	\$9,374,024	-69.0%
Iowa Veterans Home	\$188,972			\$188,972	\$514,285	-63.3%
Law Enforcement Academy			\$20,000	\$20,000	\$20,000	+0%
Office of Drug Control Policy	\$1,628,838	\$483,450	\$3,527,272	\$5,639,560	\$8,559,447	-34.1%
Regents: ISU	\$313,250			\$313,250	\$306,813	+29.8%
Regents: U of I	\$741,054	\$1,582,815		\$2,323,869	\$1,417,574	+63.9%
Regents: UNI	\$299,756	\$48,240	\$96,701	\$444,697	\$319,810	+39.1%
Total	\$18,229,632	\$72,665,952	\$34,870,266	\$125,765,850	\$136,243,447	-7.6%

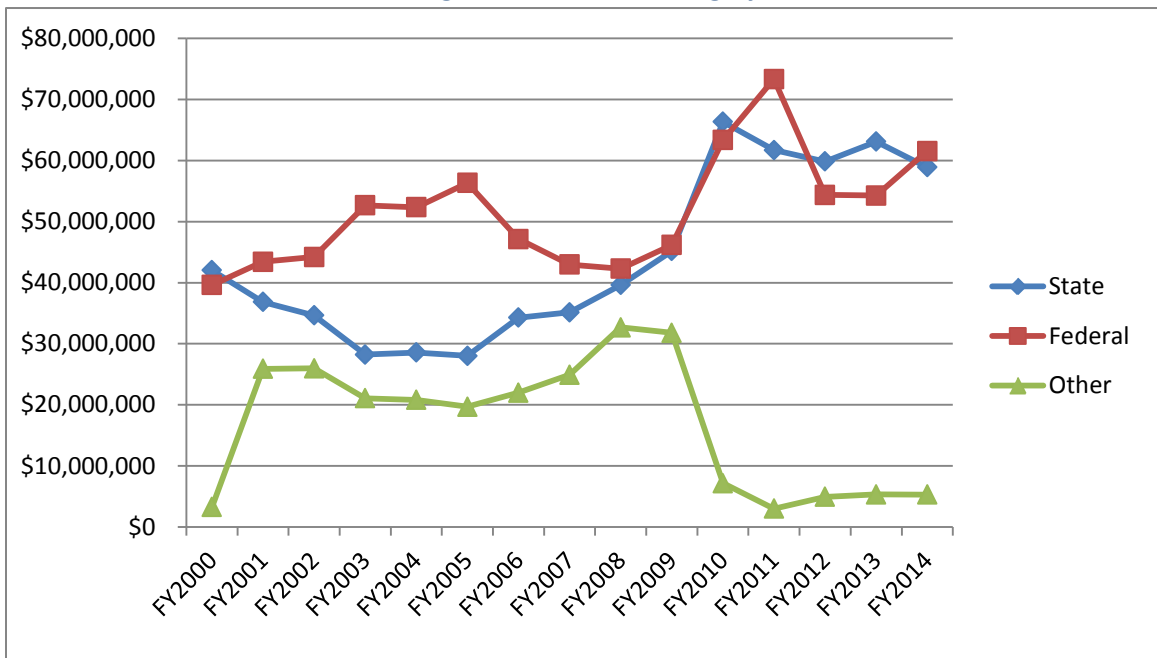
Total Estimated FY 2014 Substance Abuse & Drug Enforcement Funding (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$4,776,725	\$37,202,430	\$16,929,562	\$58,908,717
Federal	\$11,315,005	\$33,278,911	\$16,956,640	\$61,550,556
Other	\$2,137,902	\$2,184,611	\$984,064	\$5,306,577
Total	\$18,229,632	\$72,665,952	\$34,870,266	\$125,765,810

Iowa Substance Abuse & Drug Enforcement Funding By Discipline – FY 2000 - FY 2014



Iowa Substance Abuse & Drug Enforcement Funding By Source – FY 2000 - FY 2014



*FY 2001 Funding reflects 1st year of tobacco settlement funds invested in Iowa substance abuse programming.

*FY 2003 Funding does not include approximately \$241,941 in supplemental appropriations approved in Jan 2003.

*FY 2004 Funding does not include 2.5% ATB budget reduction implemented in October 2003.

*FY 2006 Federal Safe and Drug-Free Schools and Communities prevention grants (\$5,925,727 in FY 2005) are no longer included in this report, due to a change in their use for educational purposes other than substance abuse.

*FY 2009 Funding reflects the final year of tobacco settlement funds.

*FY 2010 Funding includes the American Recovery and Reinvestment Act of 2009 funds.

*FY 2010 Funding figures were collected prior to a 10% across the board cut.

Performance Measures

The Governor's Office of Drug Control Policy will include language in all grantee sub-contracts which identify the performance measurements required by the Byrne-JAG program. Quarterly reporting on these measures will be a condition of receiving grant funding.

Beginning with the grant cycle covering state fiscal year 2010 (July 2009-June 2010) the Governor's Office of Drug Control Policy implemented an electronic grant management system.

The grant management system is capable of administering grants from application through close out. Financial and program reporting is a standard component for each grant and includes the BJA Justice Assistance Grant Program Performance Measures along with other special reporting requirements associated with the grant program. Grantees are required to submit these measures through the grant management system on a quarterly basis.

In addition to those indicators prescribed by BJA, the Office of Drug Control Policy continues to collect performance measures which track the activities and specific objectives of individual projects & programs. This information will be combined with the data collected for BJA in assessing program performance and will be submitted in the state annual report. The grant management system will require that sub-recipients be current with program progress reporting to be eligible to process financial claims for reimbursement.

Program related performance measures will be reported to the Department of Justice by ODCP on a quarterly basis by the Assistant Director of Programs. Financial performance measures will be reported to the Department of Justice on a quarterly basis by the Chief Financial Officer.